

## BOSTON MEDICAL AND SURGICAL JOURNAL

Vol. XL.

WEDNESDAY, MAY 16, 1849.

No. 15.

### SMALLPOX AND VACCINATION.

A Letter from ARCHIBALD WELCH, M.D., President of the Medical Society of Connecticut, to M. L. NORTH, M.D., of Saratoga Springs, N. Y.

MY DEAR SIR,—Your report of the discussion at the meeting of the Medical Society of the State of New York, on the subject of smallpox and varioloid [see page 109], was a very interesting document. It is not only valuable to the profession, but the views and information communicated to the faculty ought to be read by all classes of the community. That smallpox, and its accompanying disease, varioloid, have been within the last few years alarmingly on the increase, is too well known to be questioned. The causes and the remedy are not sufficiently understood by those who are deeply interested in this matter.

During the months of March and May, 1848, thirteen cases of smallpox and varioloid occurred in the village of Wethersfield, where I was then in practice. Six of the cases were in the Connecticut State Prison, the medical department of which was then under my care. The first was a convict who had never been vaccinated, and had been in prison eight years. This case was followed by five of varioloid, more or less severe. I allude to these facts for the purpose of presenting the following, which go to disprove the popular and long cherished opinion that the protective influence of the vaccine disease is eradicated from the system in a few years after vaccination. As soon as I discovered that one of the convicts had smallpox, I vaccinated all in the institution (to the number of about two hundred), except one or two who had previously had smallpox, and two insane convicts. All had been more or less exposed to the disease, but nearly all of them had been vaccinated. I noted the name, age, and time of vaccination of each individual. The time which had elapsed since vaccination, varied from two to forty years. Those who had been vaccinated thirty and forty years ago, were no more susceptible of the vaccine disease than those in whom the virus had been inserted within the last five or ten years—in fact, I could discover no difference in regard to susceptibility; from which I infer that the degree of protection which the system receives from one vaccination (whatever the amount may be) is retained during life. That one vaccination will effectually protect the system, in all cases, against smallpox, I have never believed.

In 1910, I was vaccinated, and had the disease in a genuine form. In 1836, for the first time after my vaccination, I had a case of severe confluent smallpox under my care. I then re-vaccinated myself, and suffered as much from the local inflammation, and from febrile symptoms, as in the first instance. Whenever I have been exposed to the disease since that time, I have re-vaccinated myself, until the susceptibility to receive the disease is *entirely eradicated*.

From careful observation on this subject, I am confident that re-vaccination, repeated until no impression can be made upon the system, will effectually and certainly prevent the smallpox. I am aware that in consequence of recommending re-vaccination, we render ourselves liable to be accused of being influenced by motives of self-interest; but while we are confident that this is the only safe course, is it not our duty to enlighten our employers on this important subject, and thus prepare the way to exterminate a very loathsome and dangerous disease? It is not only important that we should urge upon our friends the importance of re-vaccination, but also the importance of having it performed by responsible persons, and in no instance with the virus of a second vaccination.

I am very truly and respectfully yours,

Hartford, April 28, 1849.

ARCHIBALD WELCH.

#### A COMMON-SENSE TALK ABOUT "SHIP FEVER."

BY A. C. CASTLE, M.D., NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

"They tell us that good fortune and evil fortune  
Come to all things alike in this world of time.  
Thou seest two bricks baked together,  
Baked from the same clay and furnace;  
One shall be laid on the top of a minaret,  
And the other at the bottom of a well!"—*Eastern Poet.*

FROM the recent unnecessary alarm propagated with regard to the importation of "ship fever," "Asiatic cholera," &c. &c.; and it having been my fortune, during my peregrinations over a large surface of the earth, to witness the *modus operandi* of emigrant agents in Europe; and having had ocular evidence of the management and results of the gatherings and concentration of large numbers of human beings on ship board, I may, perchance, from these circumstances, be permitted to offer a few remarks upon the several phenomena which I conceive to be the exciting and the proximate cause of "ship fever," in whatever form, shape or type it may present itself or be named.

The numerous arrivals, during the last two years, of vessels from European ports, laden with disease, pestilential human misery and filth, have naturally enough filled the philanthropic heart with pain, being at the same time the source of much concern to the citizens of the Atlantic "ports of entry," as well as a fruitful cause, among interested persons, for sounding the tocsin of alarm. These arrivals have been, indeed, a perfect windfall to newspaper paragraphists, furnishing them

with materials for tales of horror, and deprecatory remarks upon the whole "system" (!) of emigration, generally accompanied, however, with an apology for the humanity and experience of Capt. Glycypicross in particular, and a puff general for the splendid arrangements and accommodations of his good ship "Senectus" !

With many exceptions, the great mass of "steerage passengers" are composed of the poorest and worst fed of the various European peasantry, and worn out or hapless artizans of manufacturing districts, many of whom, by asking alms or stinting themselves of a portion of the pittance from their daily earnings, scarcely sufficient to purchase for them the coarsest food, are, at last, enabled to pay the amount demanded for a passage in the steerage to the "land of promise," America ! and to purchase what they conceive to be a sufficient quantity of provision for the voyage—very cheap, and consequently very indifferent and of very doubtful quality. The German emigrant procures dried or smoked *sausage* meats, made and prepared—from what, Heaven and the manufacturer of them alone can tell ; which with the other dried meats that water will not soften, nor any known *natural* function digest, sour bread, and similarly laid-in "luxuries," *par excellence*, make up their preparations for crossing the Atlantic. The Irish emigrant provides for his "inward man" a quantity of potatoes and a small *net* to boil them in (there being generally fifteen or twenty nets employed in the pot at the same time). The more affluent add to these some smoked herrings or dried cod-fish, and sometimes a ham ! The English and Scotch arm themselves with oatmeal, ship-biscuit, and bacon.

The "runners" and ship agents having procured a cargo, or sufficient number of such-like wretched people, by placards offering fourteen to sixteen shillings per diem, which the credulity of their victims believes to be shillings sterling, and other outrageously-false promises, and the most specious exhibitions of the advantages to be attained by emigration to the United States, they are hurried on board the good ship "Dreadnaught," Capt. Tukemin, or are "shipped" on board the A No. 1 coppered and copper-fastened barque "Somerset," Capt. Carryall. The ship is hauled into the stream (middle of the river). The passengers ! (Heaven save the mark) are huddled in a heap, like cattle on board of an Irish steamboat for a Liverpool market. A line is made fast across the vessel's "mid-ships," or near the mainmast, and the captain, mate or agent, proceeds to call the roll of each integral portion of the crowded mass of human beings, in order to ascertain who is on board, and if the passage money be paid, and to assign to the several portions of them, their berths—which often elicits the most amusing scenes.

In this manner are two or three hundred human beings passed down the "after hatch" to their berths between decks. These berths consist of bunks made from rough or second-hand boards, nailed temporarily together for the voyage only—each bunk being about six feet long, three feet wide, and three feet high. They extend the whole length of the deck in two tiers, one above the other, and facing this line are two corresponding tiers. Of course the opposite side of the vessel furnishes the same accommodations. Between these double rows or lines of berths,

berths, &c., are the avenues or passages to permit the passing from the fore to the after part of the deck, and *vice versa*, affording a space of about six to nine feet wide, and six feet, more or less, high. In these passages are numerous boxes, bags, and mysterious-looking vessels, which, with some, answer the diversified purposes of chamber, cooking and parlor utensils. Dangling inside the berths are objects which resemble ancient Indian relics, adorned with hieroglyphic carvings, which upon being closely inspected by the curious, are found to consist of what once had been tongues or hams, which with chains of sausage meat bob out of the berth, at every lurch of the ship to leeward. Some have their provisions locked up with their rags of clothing; and others, to secure their provision from the depredatory attacks of midnight marauders, secrete them (as I have known them to do) away between their bed-clothing, such as it is.

Five times out of ten, an emigrant ship, leaving port, does so with the evening's tide, either enveloped in a misty, damp atmosphere or in a mizzling rain. The passengers are kept penned on deck, exposed to these noxious atmospheric influences, whilst answering to their names; and if they are not "wet through," they are sufficiently moistened to render them not only uncomfortable, but wretched and miserable. In this plight, they are unable, even when they possess sufficient clothing, to exchange their damp or wet clothes for dry ones; and in this condition they hang and lie about the steerage, until all the passengers are passed down. When they get their bedding from the deck—referring, of course, to the very many who ship themselves at the last day previous to the ship's departure—their bedding all damp or wet, and in their own damp clothing, they "turn in" the best way they can. Prostrated, both mentally and physically, and their sufferings made still worse by the moanings of maternal solicitude, and the crying of children, combined with sea-sick wretchedness (and remember that this scene refers to as fine a ship as ever graced the bosom of the ocean) the wretched company pass the first night at sea. Each passenger is now in the full enjoyment of about seventy cubic feet of atmosphere, which, in accordance with the experiment made upon respiration by Sir Humphrey Davy, would be exhausted as a proper healthy medium of respiration in less than one hour. In addition to the absorption of the oxygen and elimination of carbonic acid gas from the lungs during respiration, as well as carbonic acid from the pores of the skin, we have a putrid evaporation from the damp filthy clothing; combine with these, the putrid exuvia of their unwashed flesh, for more than half of the passengers arrive at their port of destination in the same clothing in which they embarked, and which have not even for a single moment been removed from their bodies. Their limited quantity of drinking water, their spiced, salt and dried food, the numerous vermin covering their bodies, not only must, but they *do*, by their combined influences, produce the most direful effects upon the system, especially the whole digestive canal, producing such a revolution in its functions as almost to stop their action altogether. The first symptom presenting itself we find to be costiveness, or torpid action of the bowels, frequently from three to ten days passing without any



desire for defecation. The kidneys are similarly affected after a few days, micturition not being more frequent than once in twenty-four to thirty-six hours. By this sluggish action of the digestive functions, intesto-sulphuretted and carburetted gases are engendered, with ammoniacal exhalations from the skin; biliary re-action takes place, with a constant febrile excitement, cold damp skin and fecal or stercoraceous odor of the breath, superinducing such action in the animal economy as to produce the germ or the proximate cause of disease itself, upon the salient points of the weakened citadel, which require but the slightest re-action for an exciting cause in the production of the milder types of ship fever and ship diarrhœas.

But we have other exciting causes of great and overwhelming potency, destructive to health and life, in which re-action does not take place; wherein the system, like a vessel, tremulous under the electric blast, slowly yields to the fatal shock, till at length with a heavy, sluggish plunge she disappears forever in the foaming surge. At meridian or at sunset, the ship's carpenter, if faithfully performing his duty, "sounds the pumps," and reports to the officer of the deck, three, five, or seven inches of water (as the case may be) in the well of the pump. In merchant vessels this is done, perchance, once per week, or after encountering a gale of wind. If the vessel make but little water, it is considered of no consequence so far as the safety of the vessel or damage likely to be done to the cargo extend. The captain may possibly once or twice, but most frequently not until the vessel arrives at her port of destination, order the "pump brakes" to be rigged and the "bilge water" pumped up—an unctuous, oily, black, thick, muddy water, the stench from which is intolerable, sometimes emitting simply gaseous odors, at other times so filthy is it that none but "night-men" employed to empty "sinks" could withstand its disgusting fetor. After pumping till the pumps have "sucked," i. e. drawn air, the brakes are unriggered, and there still remain some two or three inches of this execrable filth in the ship's bottom.

It will, in all probability, be asked, how are these gases and filthy waters and odors collected in the bottom of the vessel? The question is easily answered and explained. *All* vessels, to a certain extent, are subject to leakage, of course comparatively small, to the size and bulk of the craft—but large in its mischievous effects upon health and life. A portion of this water is absorbed from the carburetted muddy fluid existing in all docks in which ships are moored; the wood not only becomes saturated with it, but ever after presents a basis, upon the presence of the accidental material, for a new regeneration of this gas; and these *matériel* are constantly presenting all the essentials, not only for the production of this, but other gases equally noxious and inimical to health and life—such as sulphuretted hydrogen and carbonic acid gas. These gases are mostly produced from the decomposition and new combination of collections of those articles on board, either from breakage, leakage, or portions escaping from cargoes in bulk, such as bituminous coal or tar, pitch, turpentine, acids, alkalies, drugs, barilla, metals, wines, spirit, salt, &c. &c., which pass into the ship's bottom between the "casing"

and the "sheathing." In connection with, and adding to their power of decomposition, is the electro-galvanic action of the ship's copper sheathing, and the iron bolts, &c. in the wood work. Thus is hydrogen gas evolved, which combining with the carbon of the coal, will generate a large quantity of what miners term "fire damp." Other chemical decompositions produce their noxious influences. Add to these, the various and multitudinous spillings of food upon the enclosed and confined berth deck, the accidents of children and sea-sickness, the mouldering of provisions and clothing from dampness, the thick collected and encrusted matter on the berth deck, *all* putrefying and sending forth their vicious exhalations, with no outlets but the three (fore, main and after) "hatchways," and the wonder is, not how ships become sailing pest houses, but how so few are affected, and how so many ships *escape disease* altogether. As to identifying the various gases or atmospheres, or giving them name and place, it would almost amount to an impossibility. Sufficient, however, is it for my purpose to expose their nature and deleterious effects upon the health and the lives of the unfortunate creatures exposed to their influence.

If these phenomena, although daily demonstrated, do escape the unobservant or unprepared minds of seafaring men, while engaged in the (to them) more important object of studying the abstract meteorological phenomena of the clouds and the winds, upon the ship's course, it must strike the observant and philosophic mind that to these several combinations, in connection with the vitiation of the system and the deranged functions of the whole animal economy, we must look for the exciting causes of the several diseases under the vague nomenclature of "ship fever," "Asiatic cholera," &c. &c. Should a storm overtake the vessel, requiring the closing of the hatchways, these pent-up poisons immediately produce their effects upon the "battened down" living mass of human beings; and now, when the system requires most the *vis vite* to combat disease, the little they possess is utterly destroyed by want of nourishment, for in eight times out of ten the vessel "ships" so much water or spray as to put out the fire by which the steerage passengers cook their food. Or if the fire be not extinguished, their clothing is thoroughly wetted whilst attending to their *petite* culinary preparations, so that they are either compelled to descend "below" in this plight, or in the absence of the fire, they, to the best of their abilities and appetites, eat their food uncooked. (I am not aware that any one ever yet, under such circumstances, had the privilege of using the fire in the ship's caboose.) Disease now soon makes its appearance among the passengers, more particularly amongst the children and the aged, they quickly becoming exhausted. Application is then made to the captain to prescribe for the following symptoms:—pallid sunken countenance, with a dead glassy or a wild glaring expression of the eye; cold perspiration on the forehead, staggering gait, and tremulous limbs; intense headache; pulse small. Or we find a high febrile excitement, tremors of the muscles, sickness or nausea at the stomach, a weak but bounding pulse, generally intermittent about every third beat. The constant disinclination to go to stool at sea, produces a fixed habit of torpor of the bowels, which are, as it

were, almost hermetically sealed up. If these symptoms be not immediately combated, the fever and prostration are increased, re-action takes place upon the internal organs, and congestions and diarrhœas supervene, with chills, or the *debilitas febrilis* and colliquative sweaty exudations from the skin, with severe burning pains in the head and in the region of the eye-balls. In children and old people, these symptoms speedily terminate in convulsions or violent spasms, and death—the *post mortem* appearance presenting effects very similar to those resulting from malignant cholera.

Upon the first symptoms making their appearance, a dose of calomel and jalap and an injection of warm sea-water should be administered, to evacuate and cleanse the *prima via*, followed by a gentle diaphoretic. Whatever the urgency of the symptoms may be, and notwithstanding the apparent necessity in many cases of an antiphlogistic treatment, the highly important fact is never for an instant to be lost sight of, *that the system at all hazards must be supported*. We have the proofs that calomel and opium kills them, or rather that they die under its exhibition. No worse results could possibly take place—to use a sailor's parlance—if the patient were treated on the other "tack." After the bowels have been cleared of their vitiated contents, wine sangaree, diluted brandy, beer or porter possets, may be given, with oatmeal or any other nourishing gruel; and in addition, by all means the great *desideratum*, a pure atmosphere. When diarrhœa has complicated itself with the feverish excitement, or prostration, as the case may be, one or two doses, at most, of castor oil should be administered; after which, port wine sangaree spiced—beer posset well diluted and moderately spiced, with small but repeated doses of the tincture of catechu in weak gruel. A most important auxiliary to these treatments is a sea-water bath, natural temperature, after which, friction with sail canvass upon the skin. With these indications, cleanliness, and proper sanitary measures, the arrest of the disease will be speedily effected.

There can be little doubt that the proximate causes of ship diseases are the same phenomena as superinduce Asiatic cholera, typhus fever, &c. &c., viz.—the non-electric and carbonized state of the blood, caused by the inhalations of an atmosphere inimical to life—which state, if the vitality of the blood be not destroyed beyond the power of a re-action of its stimulating properties, a removal from the spot, *i. e.* the steerage, almost certainly cures. Hence we find few—if any?—of the cabin passengers, with a purer atmosphere, *stern windows* or "ports," bull's-eye port holes to their berths, admitting the fresh sea breeze into their clean *state rooms*, airing and refreshing their bedding, with a fine large sky-light to permit the egress of foul air, and admitting the sun's rays—an important item not to be lost sight of—to act upon and stimulate the pores of the skin, and with good diet, wines, porter, &c. &c. are similarly affected. To these, and the large square gun ports, and the sanitary discipline adopted, are the crews of ships of war, consisting of 900 or 1000 men, indebted for their immunity from disease and infection. How is it that ships, sailing *eastward*, never carry into European ports "ship fever" or "Asiatic cholera"? Because the few beings forming the crews and offi-

cers have ample space, atmosphere, and good provisions; and they are exposed on deck every other four hours, with proper clothing; and if sickness overtake them from the gases of the bilge water, inhaled when their "watch" is below, it is of that mild type that readily yields to simple treatment. It generally happens with the unfortunate steerage passengers—who, broken-spirited by abject poverty and gaunt want, humbled into the very dust by ignorance and an instinctive sense of their own degradation—that they are *fearful* of applying upon the *first* appearance of the symptoms which I have shown to exist, lest they receive a rebuff, or from a more amiable *trait* in their character, that of giving unnecessary trouble—hoping that the symptoms will disappear, from their being merely temporary. Thus we find suddenly some morning, that the captain is called upon to exercise his medical skill\* on a sick passenger. The captain knows that opium is good for relieving pain, for he has heard so; and that calomel is excellent for a sick stomach, for he has taken it himself for its cure, and the pamphlet in the medicine chest recommends it; so he combines the two, and gives them to the patient. After a few hours, he finds the patient more feverish, more restless, with more headache, and vomiting and purging. He repeats the dose, and the next messenger informs him that the patient is in a state of collapse, and dying. "Here's a misfortune!" exclaims the captain: "We shall be put into quarantine, and be detained, God knows how long! We've got the cholera on board." Echo, with a hundred tongues, repeats, "We've got the cholera on board." Fortunately, as the newspaper paragraphist has it, the captain was a man of much "experience"! being one of our oldest "salts," he having crossed the Atlantic 120 times—his medical library no doubt consisting of the said pamphlet in the medicine chest, and a newspaper wrapper stating Townsend's wonderful cures with his sarsaparilla; his field of observation and experience, generally a healthy crew and comfortable cabin passengers on the wilderness of the waters, within the field of his telescope. Another passenger sickens, with similar symptoms and violent spasms. Nothing is so good for the cholera as calomel and opium; the doses are repeated, and the patient dies. Another case—and another—and another; and "the cry is still they come." Calomel and opium are still administered, and "the last scene of this strange, eventful history" is the yawning wave upon each to-morrow, receiving its victim to "experience"!

The question presenting itself, is, how is this to be prevented? I answer, by philanthropists taking the matter in hand, and constructing emigrant vessels especially for the accommodation, comfort and health of the emigrant—so constructed that a free ventilation can at all times be secured throughout all parts of the vessel—*especially the berth deck*, or, as it is termed, the steerage; by the introduction of several port holes,

\* One of our most respectable sea captains and highly educated gentlemen, lately sailing from this port, Capt. F. A. DePeyster, formerly of the packet ship Columbus, but now Superintendent of that excellent institution, "The Sailor's Snug Harbor," says in a letter to Dr. Wheeler, oculist, of this city, "Your Balsam of Moscatelle (the Moscatelle wine spiced)—I feel great pleasure in testifying to its great efficacy, it having afforded immediate relief, not only to the Count D'Oranto and myself, but also to several of my crew, who were violently attacked with the diarrhoea and spasmodic cholera." In all probability, had Capt. DePeyster administered calomel and opium instead of tonics, his ship would have arrived with the cholera or ship fever on board.

with bow and stern ports—"hammock nettings," if not for the stowage of beds, at least the *bed clothing*—the berths *fixed* and trellised, so that a free passage of air can be transmitted throughout the whole, and facilities secured for washing the decks beneath the berths. It is true that we have funnels and tubes in some of our magnificent packets! so constructed as to cause a draught of air to pass between the casing and the sheathing. To the emigrant ship these funnels and tubes should be added, with *bilge pumps*, both for pumping clean water into the bottom of the vessel, and pumping out the *last drop* of the foul water—for with a contaminating sink-pool left, it would be the same as a house, without ventilation, built on a filthy ditch, and tenanted by two or three hundred poor, badly fed, impoverished human beings.

These are but a few of the suggestions, without entering into the detail, of *what might be* done, for these unfortunate immigrants. It is not our province to speculate upon their earthly tribulations, but we can raise our voice against every worn-out ship or cast-off packet being brought to this "base purpose at last"—hoping that we thereby may prevent the periodical hue and cry of ignorance and interest, that "the cholera has arrived!"

New York, March 1, 1849.

#### CEREBRO-SPINAL MENINGITIS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—Whilst looking over the Journal of April 11th, I noticed an account of some cases of cerebro-spinal meningitis, by A. Stone, M.D., of Auburn, Mass. This account reminded me of some curious cases, occurring between the 25th of December, 1847, and the middle of January, 1848, in which the same diagnosis was made. This and the expression of Dr. S., "that we should repose some confidence in liberal doses of the sulphate of quinine, administered immediately on the development of the disease," lead me to the following sketch from my note-book, which I had intended sending you at the time the cases occurred. You are of course aware that the spring and fall malarial diseases of our latitude, call often for the liberal use of quinine; and I may mention, that in many obscure cases, the administration of the remedy will serve as a touch-stone, define the disease, and prove highly beneficial.

The cases of which I speak, were three in number, and confined to colored servants. Before being called to the cases, I had heard of sudden deaths from perfectly inexplicable causes.

Two of the cases, which were my own, occurred in colored boys, between 14 and 18 years of age, and the disease in both commenced with slight chill and bilious vomiting. Unconsciousness with convulsions soon supervened, and the head was strongly thrown backwards, with great tenderness and rigidity of the posterior cervical muscles. In one case, and whilst transferring him from bed to a warm bath, the convulsions were extremely violent, and the tendency to opisthotonos could not be restrained

by several powerful attendants. The bowels were very costive, and the unconsciousness in one case, in spite of the most energetic treatment, lasted for three days, the head being thrown far back and rigidly retained in that position. The pulse at the wrist was small, the heart's action rapid and feeble, extremities cold and clammy, and when answers could be obtained, great pain complained of at the scrobiculus cordis and nuchæ.

At the moment of seeing the first case, which was a very powerful boy of 18, thus attacked whilst in perfect health, hot baths were prescribed, venesection liberally used, and calomel in full doses. The convulsions ceased for a time under this treatment, though the neck remained rigidly fixed; and as there was apparent periodicity in their returns, I resolved to administer large doses of quinine, in which resolution I was confirmed by my friend Dr. Wotherspoon, U. S. A., who was accustomed to congestive malarial diseases. The constipation was extremely obstinate, unyielding to enemata, soap suppositories, and even the long rectum tube of O'Bierne. Iced bladders were applied to the head, and blisters, from the nuchæ to the sacrum, replaced frictions with the hot spirits of turpentine and sinapisms. In spite of the energetic treatment, the convulsions returned with periodicity, and the head seemed to be thrown still further back at each access. The quinine was therefore solely relied upon; and in the case of the elder boy, I administered one hundred grains of the sulphate, with a goodly quantum of capsicum, in twelve hours; whilst in the same period the younger took eighty grains. When under the free action of the quinine, as indicated by the clammy condition of skin, which it produces in full doses, the circulation became freer and fuller, and the rigidity of the neck yielded. It was requisite to revert to the quinine again on the 2d and 3d mornings, as there was every indication of a return of the alarming symptoms; the quantity required was, however, not more than a dose of fifteen grains on each occasion. In both cases the rigidity of the neck was not perfectly relieved for several days, and the recovery was slow and doubtful.

A third case, which I saw with a friend, the week afterwards, improved rapidly, almost marvellously, under scruple doses of quinine. The termination of this case was, however, fatal, but rather, as we were led to believe, from the improper use of opiates by his negro nurse.

Several cases were said to have occurred during the same month, and were fatal; in fact, two cases were reported to me as having died in the first access.

About the same time, I saw with Dr. Penn, of Bladensburg, Maryland, and Prof. May, a man with idiopathic tetanus, in whom there was a great similarity of symptoms. The paroxysms which affected all the muscles were more frequent and tetanic in character, and consciousness was preserved. From many points of resemblance I urged the free use of quinine as in my cases, but the condition of the stomach was such, that no internal remedy was of avail—there was constant ejection of matter almost like that of vomito. Letheon alone was available, and succeeded in arresting the paroxysms from half to an hour and a half. This, like the morphine, already used in immense doses, failed, and Dr. May informed me that he died after a protracted struggle.

A few weeks after this, Dr. Witherspoon brought me from the Surgeon General's office, U. S. A., an extract from the report of a Surgeon stationed at a western post, who had seen an unusual number of congestive cases at the same period:—"These followed generally an attack of intermittent, when the previous symptoms could be learned from the patient; but too often they were brought into the hospital in a state of insensibility, or convulsions, from which they often never roused. And a very peculiar symptom attended most of these cases—a stiffness of the neck, which caused the head to be thrown back, and the convulsions were of a decidedly tetanic character, with a sickening personal odor, almost intolerable. In all cases, where these symptoms existed, the attack proved fatal. Mortality, nine out of eleven. Treatment—depletion and opium. Bleeding was inadmissible, as generally the patient became at once so prostrated, that the pulse was scarcely to be felt."

I was unable to find whether quinine had been used in these cases. It is well understood in our region, however, that it is the only remedy in malarial congestive diseases, and must be used at once and decisively.

I would refer to the recent work of Tardieu, *Pathologie Medicale*, Paris, 1848, article "*Fievre Intermittente perniciouse*." He describes almost the same symptoms, and denominates the disease as the meningic or tetanic form of the fever. The treatment is quinine and in large doses.

During the last winter, influenza was epidemic; and at the suggestion of some army friends I was induced to use the same remedy freely. The administration of fifteen grains at the onset, would relieve, in a single night, the coryza, headache, and unpleasant febrile condition. The peculiarity in the treatment was, that if not given on the first appearance of the influenza, the remedy was of much less avail.

I would also refer to the various papers from army surgeons in regard to the benefits derived from the free use of quinine in congestive diseases.

Truly Yours,

Washington, D. C., May 1st, 1849.

ROB'T KING STONE.

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#### AMERICAN MEDICAL ASSOCIATION.

[Communicated for the Boston Medical and Surgical Journal.]

THIS body assembled in Boston, Tuesday, May 1st, and closed its session on Friday evening following. It was composed of delegates from all parts of the Union. They came from far and near, and in numbers to represent character, manners, intellect and culture. The far South, and the remoter West—the East and the North—came here on solemn pilgrimage, in behalf of good science, and in fair union and open discussion to report in numbers and individually the progress of the profession the year past, and to do what might best be done to promote its future prosperity. And why this? Not for itself alone, nor chiefly, nor for personal interest, or professional fame, did this great body assemble here, may we not say from distant lands, to consider and make known its important objects and plans. There were elements in the life of this



body, and which gave to it its truest and highest vitality, which were every hour recognized, and which every day declared. These were the public relations of medicine—its connections with society, and the individual, and in what way its duties, proceeding from these relations, could be best accomplished.

For these ends committees, composed of the ablest men in the profession, from various portions of the country, in working numbers, and which might best represent the whole, made elaborate reports on what had been done during the past year in medicine, and on measures which would best promote its widest interests. These reports were read publicly by the chairmen of the several committees, and were referred to the committee of publication to be printed in the forth-coming volume of the Association's Transactions. These reports are of great value. They relate to medical literature, to science, and to practice, and in manner are so comprehensive, and still in such detail, as to give important information, and so form a most useful summary of what the medical press has done for the past year. All this being in immediate connection with what has been done in preceding years, presents to each member of the Association a work of great value for reference, and a critical notice of the worth of what has been published during its existence.

The report on Education excited much interest. It was a masterly exhibition of the claims of medicine on the whole mind and heart of the student, what medicine is, and how he who means to practise it may have preparation, the best preparation, for what it demands. It dwelt upon the time which such a profession imperatively requires, in view of its whole responsibility, and demanded that the time of study should be sufficient for the highest culture. A question of great interest was the length of time, especially of lecture terms, which would best secure such culture. The public interest in this question stood out in bold relief. To add two months to the present lecture terms of four, making in short the time half a year for a course of lectures, was at once to add greatly to the professor's labors, without any proposed additional emolument. It was also greatly to increase the time of the student's public work. But you saw in the discussion that these considerations had no undue weight. They deserved thought, indeed, and were carefully treated. But the great matter of deliberation was as to the practical workings of the addition to the lecture term. It was quite curious here to observe how different had been these workings in different regions. In the South and West, where the trial has been made, it would not seem that the success had been great. In the North and East the experiment has not been made. There was some reasoning offered as to what the workings might be. It was based on what actually occurs now in the operation of the four months, or seventeen weeks' system. It is this. The classes begin to separate before the term closes, so that at the end of the seventeen weeks there is an obvious diminution of numbers, or attendance, or of both. It was observed that at the West and South, where the term has been lengthened, the same thing the more strikingly occurs, so that it is rather a formal than a real increase of time, those mainly remaining who are candidates

for degrees, and who remain because of the inconvenience and expense of going home and returning for examination. There may seem to be an argument for lengthening the term, even if many leave before it end. The candidates for degrees would pretty certainly be gainers, and it possibly might be that four if not five out of the six months of study would be appropriated by the whole class, and so upon the whole an important addition would be made to the means of instruction.

We have spoken of the workings of the lengthened term South and West, and the reasoning concerning its probable operation East and North. The defence of the change came from one of the Middle States. These are the great centres of medical teaching. The schools are very numerous, the faculties full and highly respectable, and the classes very large. Everything would seem to favor the trial of the proposed change in the lecture term in these large medical educational communities, and the result of such trial might have an important influence on the general medical instruction. From the animated discussion, and from the final disposition of the subject, it cannot be doubted that a fair experiment will be made, and it is believed that the whole result will be felt by the whole profession. None who attended at all to the discussion could have left it with any other feelings than those of sincere pleasure at the intellectual power called forth, and the excellent spirit in which very opposite views were presented. It was obvious that the highest interest of the profession, namely, the public relations of the plan proposed, gave heart and life to all that was said, and to what was proposed and adopted. The further consideration of the changes proposed will form important matter for future meetings of the Association. Its former recommendation of the lengthened terms remains for the action of medical schools.

In the course of the discussion allusion was made to a paper communicated by Prof. John Ware, of Harvard University, to the committee on education, agreeably to a request made by the committee to the medical faculty of that University, on the subject of extending lecture terms, and which contained the opinions of the faculty on that point, which paper had been ordered to be appended to the report on education. Dr. Wood, of Philadelphia, called up a resolution which he had before offered on the subject of Dr. Ware's paper. It was as follows:

"Whereas a document prepared by the Medical Faculty of Harvard University, and appended to the report of the committee on medical education, contains an elaborate defence of the limitation of the courses of medical instruction in the schools to four months; and whereas this document has been referred, along with the report of the committee on medical education, to the publishing committee, and, if it be not mistaken by the public as a representation of the views of this Association, may at least have the effect of contradicting those views, unless they are properly supported, therefore

**Resolved,** That a committee be appointed to prepare, at leisure, a statement of the facts and arguments which may be adduced in favor of the prolongation of the courses to six months, and that the statement thus prepared be printed in the forthcoming volume of the Transactions of the Association.

After a brief discussion, the resolution was adopted, and Drs. Wood, Jackson and Atlee, all of Pennsylvania, were appointed as the committee."

It has been thought that this resolution, as it is to appear in the Transactions of the Association, will bear upon it the endorsement of the Association. It is obvious that it will do this no more than will Dr. Ware's paper, which we have seen has been appended to the report on education. They simply state the opinions of members of medical faculties in Pennsylvania and Massachusetts, and for which the Association is in no sense responsible.

The Association held its meetings on Tuesday and Wednesday at the Lowell Institute, by invitation of the Trustees of that noble and munificent endowment. Was it not a grateful recognition of the importance of the object, and of the claims of the Association to enlightened regard, that the doors of this Institute should have been so freely and so liberally opened to its sessions? Was it not a re-union of science and of objects, in which the spirit and the act of the author of the Institute had laid its permanent foundations, which now had life and power, and for which he will be held in honored and everlasting memory?

The House of Representatives which was in session rose on Tuesday, and gave its Hall to the Association for the two last days of its session. It was fitting that a meeting of such men for such purposes should have such an expression of the public regard and confidence, and that the place for discussing and determining the most important questions of public policy, should receive into its walls the conservators of the public health.

On Thursday evening the Association was received by Dr. Hayward, and by Dr. Homans. Besides these reunions, the Association was received by our distinguished fellow citizen, Hon. Abbott Lawrence, on Thursday evening, the same with the above, an act of hospitality as unexpected as it was generous and gratifying. In a vote of thanks at the close of the session, in which were comprehended the various sources of gratification and interest which had been so freely opened to the Association, the visit to the University had distinct place. The hospitality, the ancient and present hospitality of old Harvard, was extended to the Association after a manner which excited its special remembrance. They felt deeply grateful that they had stood at its open doors and been welcomed to its treasures of science and good learning. Their visit to its halls connected their mission here with what is alike venerable for its age, and important for its daily and ever present agencies; and drew the links of that chain, the *commune vinculum*, closer, by which all true science binds as in one, all those who are sincerely devoted to it, and to its highest interests.

A word for the "Revere House." The session there was wholly successful, "and no mistake." Here the delegates came together, and in entire freedom passed the hours. The "orders of the day" were not taken from the table. "The rules" were all suspended. The speaker's "hammer" fell not when the "ten minutes" were up. There were no calls to "order," for disorder had no place at this session. Men

spoke as they were moved. Not by inward movement either did they speak, but by the stronger word of the "master of the feast." There was not a chair on the floor, but how universal the good cheer. There was indeed a forum, a modest little ottoman, upon which those were to stand, not sit, who might speak to the great auditory. And speak they did. His Honor, J. P. Bigelow, Mayor of Boston, in a very appropriate speech, gave the welcome of the city to the delegates of the Association. The courtesy of the hour next called upon those who had come the farthest to the great business of the Association. We had the eloquence of the South full and earnest, pouring itself generously forth in grateful sense of the good time that had come, and was so fast flying away, and in assurances of long and grateful memory. The far West took the platform, and spoke its firm and eloquent word. The Middle States were fully represented there. Gallantry was not left out of the evening; and one said that at last he had learned the true power of the North. It was in the women. Yes, said he, in the women. A number of us, he continued, got into an omnibus, and in that omnibus he had learned New England's power. He and others were strangers. They had come from more than a thousand miles off. As they were driven along, they asked of places, houses, &c. A lady, she was a lady, said he, saw that we were strangers, and were inquisitive ones, too, and at once began to tell us all we most wanted to know, and after a manner so intelligible, so lady-like, so truly grateful, that we at once saw the whole secret of New England power. "It is, Mr. Chairman, it is, in the women."

Do not say that such recitals are beneath the dignity of Science. The most dignified of all the sciences is humanity, and its expression cannot but be ever honored. The anecdote gives occasion for a remark, which shall end this "lame and impotent conclusion" concerning one of the most important, if not the most important, meetings ever held in our city. The remark is this, that this Association had its great interest, and will have its true influence, in its *moral power*. Men of large cultivation, the first men of a liberal profession, numbering hundreds, coming from all parts of a great Continent, showed how widely spread are the means of excellent intellectual and moral development. They showed how worthy of our reverence was a nation, so simple in the machinery of its government, and so noiseless in its movements, that you hardly know that you are governed at all, and which without an effort almost, provides daily culture, wherever is a society capable of cultivation. Above all, the meeting showed how harmonious are the movements of the many who are associated for important purposes, in whom courtesy and wisdom have true place, and in whose action the present and the personal divide impartially every interest with the coming time. W. C.

May 10th, 1849.

The following extract from the card of the committee of arrangements will show just how the time of the Association might be appropriated in the recess of its sessions.

"The Association will assemble at 10 o'clock, on Tuesday morning, May 1st.

"On the evening of Tuesday, at 8½ o'clock, the members will be received at the house of Dr. Warren, No. 2 Park street, and of Dr. Bigelow, Summer street, opposite Trinity Church.

"On the evening of Wednesday, a collation will be given at the Revere House, Bowdoin square, by the physicians of Massachusetts. Gentlemen will receive a card of admission to this collation, with their card of membership, which they will please show at the door. They will enter at the side door on Bulfinch street.

"On Thursday evening, at 8½ o'clock, the members will be received at the houses of Dr. Hayward, 16 Pemberton square, and of Dr. Homans, Tremont, corner of Winter street.

"The card of membership will entitle gentlemen to admission to various public and private institutions, as expressed on the card. The following directions will aid them in finding such of them as they may desire to visit. The Massachusetts Medical College, which contains the Warren Museum, is in North Grove street. The Hospital is near it, at the corner of Blossom and Allen streets; entrance on Blossom street. The Eye and Ear Infirmary is in Bowdoin square, nearly opposite the Revere House. The building of the Natural History Society is in Mason street, which runs from West street, parallel to Tremont street, near the Common. The Museum of the Society for Medical Improvement is at No. 33 Tremont Row. The rooms of the Historical Society are in the building of the Savings Bank, on the northerly side of Tremont street. The Boston Museum adjoins the Savings Bank. Faneuil Hall fronts on Merchants' Row, which may be entered from State street. The Latin and High Schools are in Bedford street, near Washington. The other public schools are distributed in various parts of the city. During school hours members can obtain admission by presenting their card to any of the teachers. Harvard University stands about three miles from the city, in Cambridge. It may be visited on Wednesday, from 9 o'clock, A. M., to 1, P. M. At the Library, gentlemen may obtain directions for finding the various objects of interest connected with the institution. Mount Auburn Cemetery is about a mile beyond the University. The Cambridge omnibuses start every ten minutes, from Brattle street, passing through Court street and Bowdoin square. The McLean Asylum for the Insane is in Somerville. The State Prison, Bunker Hill Monument, and the Navy Yard, are in Charlestown. Omnibuses run several times in the hour from Brattle street. The institutions for the city poor—the Lunatic Asylum, and the Asylum for the Blind, are in South Boston. Omnibuses run several times an hour from Cornhill. Hacks and cabs may be found in all parts of the city. Public carriages are distinguished by numbers, and each driver has this number on his cap. The regular fare is 25 cents for any distance within the city, and one dollar by the hour. For all expeditions out of the city, a regular agreement should be made in advance. In the Merchants' Exchange, on the South side of State street, gentlemen will find the latest papers from all parts of the Union. The Post Office is in the basement of the same building."

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, MAY 16, 1849.
 

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*Boston Medical Association.*—On Monday, of last week, was held the annual meeting of the associated physicians of the city, for the purpose of choosing a Standing Committee, Secretary, &c. Rumor says there was a manifestation of the fact that there are two sides to every question. It so happens that a little of the leaven of discord occasionally shows itself in places where it should be excluded. A new set of men are rapidly advancing upon the medical stage, who are restless under the old system of discipline which has prevailed for a quarter of a century. Not having been present at the meeting, it is not possible to particularize, but it has been intimated that an unusual degree of warmth characterized the occasion. Dr. Buck presided. The names of officers would have been given in full, had they been furnished. Dr. Blake was elected Secretary.

*Hartford County (Conn.) Medical Society.*—The annual meeting occurred on the 19th of April, at Hartford—Dr. A. Welch in the chair.

Dr. Wm. S. Pierson read a memoir of the late Elijah F. Reed, M.D., of South Windsor, and Dr. S. G. Risley a dissertation on the subject of drowning.

Interesting remarks were made, and important facts stated by many of the members present, showing that *smallpox* and *varioid* are every year becoming more prevalent among us, and that this is owing, not to the failure of the *vaccine disease*, when genuine, to afford protection, but to its entire neglect in many instances; and to the fact that vaccination is often performed by parents and others, ignorant of its true character, imperfectly; not unfrequently making use of spurious and impure matter, taken from the arms of persons who have been *re-vaccinated*, or from others at an improper stage of the disease. It is true that matter obtained in this way, will, if inserted in the arm, cause a *sore*, and oftentimes a bad one, but one that affords only very inadequate if any security against smallpox. It was regarded as the duty of the medical faculty to give information on this important subject, and to caution people against trusting to ignorant and irresponsible persons, to vaccinate either themselves or their families.

Drs. G. A. Moody and G. Lee were appointed dissertators for the next meeting. Drs. E. K. Hunt, A. L. Spalding, Eli Hall, Thomas Miner and Seth L. Child were chosen Fellows.

*Medico-Chirurgical College of Philadelphia.*—In February last, the constitution and by-laws of an institution with this name, was adopted—and with this notice, we acknowledge a copy of the doings of the College, together with a catalogue of the officers and members. The objects set forth in the constitution, are the dissemination of medical knowledge—the defence of the rights, and the preservation of the repute and dignity of the medical profession. From all we can gather in regard to this infantile organization, it contains the germ of a great and influential institution. Its members must necessarily be men whose position, as doctors of medicine,

gives them a claim to consideration. In short, the elements of thrift are perceptible in the scheme of operations; and if the intentions of the founders are fully carried out, the highest expectations of its friends will be realized. James Bryan, M.D., is president.

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*Trismus Nascentium.*—A pamphlet containing further observations on this disease, with cases illustrating its etiology and treatment, by J. M. Sims, M.D., is acknowledged. It is a re-print from the American Journal of July, of last season; but it is nevertheless an acceptable memorandum of the results of Dr. Sims's careful investigations. He has few or no superiors in the closeness and accuracy with which he pursues a train of investigations. There is a knot of very energetic medical inquirers at Montgomery, in far-off Alabama, who have exhibited, on repeated occasions, an ability and a persevering determination to enrich the medical literature of the country. It will be inexcusable in them to relax in their efforts, since their reputation is fully established as accomplished, learned writers.

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\* *Dr. Gardette's Valedictory.*—This is one of those excellent farewell discourses, now so common at the close of lecture terms at the medical colleges. They are none the less valuable or instructive because it has become fashionable to give them. On the occasion of graduating a body of young men, who are to wend their way into the stranger world, to take upon themselves new and untried responsibilities, it is an encouraging attention on the part of their instructors to give them parting advice and wholesome admonitions. The author quotes Cicero's advice in regard to an oration—which he thought should be commenced in the middle, and worked out towards both ends. He has beautifully accomplished the intention of interesting and benefiting those whom he addressed. At the Baltimore Dental College, from which this valedictory comes, some very excellent things have been said of late. The following is a specimen of Dr. G.'s style of addressing the graduates:—"Heaven, in dividing its gifts of good and evil on earth, has allotted, it would seem, an undue share of suffering to women, from those delicate organs of which you will have the care. Her teeth-afflictions, and her gratitude for relief from them, make her especially your friend; in her bright smiles and warm words of praise, you will find compensation for the indifference or injustice of men."

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*Obstetric Air Tractor.*—A new instrument, upon the principle of the foot of some of the small animals, seems to be in a fair way of being generally used in difficult labors. A disc is applied to the head of the child, which holds on by exhausting the air with a piston, and thus the operator can draw with all the force necessary, in most cases, to bring the birth to completion. There is no imagining where the progress of invention, with reference to relieving humanity from contingencies to which it is incident, will terminate. Professor J. Y. Simpson, of Edinburgh, is the reviver, if not the inventor, of this instrument. He is a master spirit in our day, whose name is destined to be classed in the catalogue of illustrious benefactors of man, in the yet to be written history of this century.



*Medical Miscellany.*—Another bequest of \$5000, for the purchase of free beds, has been made to the Mass. General Hospital.—At St. Charles, Ill., Dr. Richards and his students were mobbed—accused of stealing a dead body. He was wounded badly in the face by a stone, and apprehensions for his recovery are expressed.—Excessive acquisitiveness is a disease now influencing whole multitudes who are on their way to California. To such excess has it been manifested in two persons, that they have been placed in the Lunatic Asylum at Philadelphia.—A single kernel of the *cubera tanghin*, a tree growing in Madagascar, eastern coast of Africa, containing less than a cubic inch of substance, is sufficiently poisonous to destroy twenty men. It is probably the fruit of the saucy-bark tree, used by the natives to detect witches.—In Monroe county, N. Y., during the year 1848, there were 633 births, 418 marriages, and 466 deaths.—There is to be a meeting of the American Institute of Homœopathy at Philadelphia, on the second Wednesday of June. Dr. Joslin is to deliver the opening address.—The smallpox was raging, at the last accounts, at Hong Kong, China.—The U. S. Sloop of War *Preble* had sailed for home, but was obliged to put back on account of the cholera breaking out among the crew.—M. Honmaire de Hell, an eminent French naturalist, lately died at Ispahan, while on a scientific mission in Persia, under the direction of the French government. He was scarcely 35 years of age.—On account of the prevailing sickness and mortality throughout the Sandwich Islands, the king, in council, was pleased to appoint Wednesday, Dec. 6th, as a day of fasting. Both the foreign and native population are suffering under wide-spread epidemics—measles, whooping cough and influenza. Among natives the mortality is very great, not only at Oahu, but also on the other islands.—A new medical journal is about to be published at Lexington, Ky. It will be edited by Prof. E. L. Dudley, and be conducted under the general supervision and direction of the Medical Faculty of Transylvania University.—Dr. F. C. Stewart, of New York, was recently appointed Physician to the Marine Hospital, and Drs. John W. Sterling, John S. Vandevoort, Wm. P. Buel, and J. S. Telcham, as Assistant Physicians. The Physician has a salary of \$5000 or \$6000; and the Assistants \$1200 each per annum. The duties of the Health Officer are hereafter to be restricted entirely to the business of boarding and examining vessels as they arrive in port.

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TO CORRESPONDENTS.—Dr. Jewett on Cerebro-spinal Meningitis, Dr. Skinner on Domestic Medicines, Dr. Morton on the Construction of Gold Plates in Dentistry, Dr. Williams's Lecture on Cholera, Cato's "Sketches" No. V., and Mr. Manning's Report of a Trial for Malpractice, have been received.

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MARRIED.—In Boston, John A. Stevens, M.D., to Miss E. W. M'Alister.—At Washington, D. C., Robert K. Stone, M.D., to Miss M. F. Ritchie.

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DIED.—At Forestville, N. Y., Dr. J. Orton, by suicide. He took, says the paper, "three ounces of aqua fortis."—At Syracuse, N. Y., quite suddenly, of erysipelas of the head, Dr. Roberts, a highly promising physician.

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*Report of Deaths in Boston*—for the week ending May 12th, 78.—Males, 45—females, 33.—Of consumption, 5—measles, 2—infantile, 1—scarlet fever, 3—typhus fever, 2—lung fever, 2—marasmus, 1—erysipelas, 1—teething, 1—disease of the heart, 2—disease of the brain, 1—disease of the bowels, 1—disease of the lungs, 1—drowned, 2—dysentery, 2—croup, 1—accidental, 1—old age, 4—pleurisy, 1—smallpox, 1—scrofula, 1—cholera infantum, 1—hives, 1—hooping cough, 1—quincy, 1—tumor, 1—debility, 1—convulsions, 2—intemperance, 1—unknown, 1.

Under 5 years, 35—between 5 and 20 years, 10—between 20 and 40 years, 15—between 40 and 60 years, 11—over 60 years, 7.

**Large Biliary Concretion.**—Mr. W. H. Partridge gives the following particulars:—"An old gentleman, aged 78, tall and thin, and of good general health, was attacked by jaundice and frequent vomiting, and had severe fixed pain in the region of the gall-bladder. The attack lasted three weeks, after which some amendment took place, and ultimately bile was passed by the bowels. Two months afterwards, obstinate and insuperable constipation came on, accompanied by vomiting of stercoraceous matter, followed in a few days by exhaustion and death.

"On making a post-mortem examination, all the parts in the neighborhood of the gall-bladder, the pyloric end of the stomach, duodenum, pancreas, and colon, were closely and firmly adherent to each other, and to the concave surface of the liver. No trace of a gall-bladder could be discovered. A large biliary concretion was found in the lower part of the ileum, a little above the caecal valve, and though but loosely embraced by the gut, was manifestly sufficient to account for the fatal obstruction. In figure it was somewhat pyriform, exactly resembling the gall-bladder, having also a curved tapering process, corresponding to the cystic duct; in length it measured three inches and a half; in the circumference of its large portion, four inches. The texture was light; weight, seven drachms and one scruple."—*Provincial Journal*.

**Mesmerism in Holland.**—The supreme court of the Netherlands has just given a verdict which runs pretty nearly as follows:—"A magnetiser who employs a person, who, during sleep, points out remedies to the patients who come for advice, exercises medicine illegally, when unprovided with a diploma." "It is no excuse for him to be paying for a license as a magnetiser." The courts of Liege and Brussels have done more still; they have found a verdict against a magnetiser for administering magnetised water.—*Belgique Judiciaire*.

**The Cholera in France.**—At Raches, a village situated near Douai, the cholera is making sad havoc. Up to the 15th of February, there had been 27 cases and 9 deaths in this little place. Letters from St. Lo, of the 19th of February, state that the disease has been reigning for the last six weeks at Dieppe; from the city it is now spreading into the suburbs. A mother who was nursing a child stricken with the cholera, died of the disease soon afterwards.—*London Lancet*.

**Introduction of Steam into the Practice of Dentistry.**—A friend called in our office a few days since, and gave us the following:—"On his way up the river, business took him across the river from Louisville, where he met an itinerating steam dentist. He was prepared with a small furnace and boiler. To the latter a flexible pipe was attached, which, when a patient presented himself with an aching tooth, or wished a nerve removed, was introduced into the cavity of the tooth; some roots or herbs, in flavor like garlic, were put into the boiler with water or some fluid. The furnace was then heated up—puff, puff, goes the steam, and with a hiss out jumps the nerve—all done without pain—rights sold for the use of the invention on moderate terms, &c. &c. Our informant happened to have an aching tooth, which he put under treatment; but, unfortunately for the steam doctor, the nerve had long since departed, and the garlic vapor could not restore it nor relieve the pain. Somewhat mortified, and feeling rather foolish, he sloped."—*Dental Register of the West*.